

Department of Corrections

AUTHORIZATION FOR LEAVE AND OVERTIME REQUEST FORM

(Leaves not requiring Department of Personnel approval)

TO SUPERVISOR (PRINT): _____ DATE _____

I, _____, REQUEST TO BE GRANTED
EMPLOYEE'S NAME (PRINT)

_____ DAY(S) _____ HOUR(S) FROM: _____ AM _____ PM _____ TO: _____ AM _____ PM _____
TIME DATE TIME DATE

CHECK TYPE OF LEAVE:

ANNUAL (UAL) _____; SICK (USL) _____; FAMILY SICK (UFSL) (indicate relationship in remarks below) _____;
COMPENSATORY (UCT) _____; LEAVE WITHOUT PAY (ULWOP) _____; ADMINISTRATIVE (UADM) _____;
FAMILY DEATH (UFD) _____; CIVIL (UCIV) _____; MILITARY (UMIL) _____.

In the event that leave used exceeds available leave, you will be placed on Leave Without Pay.

Request authorization to work Overtime/Comp. Time: DATE: _____ HOURS: _____

Remarks: _____

Approved By:

Employees Signature

Supervisors Signature

Date

Authorization () Granted
() Not Granted

Comments:

Signature
Appointing Authority
Or Authorized Representative

Date

I, the undersigned, a duly authorized physician, do hereby certify that _____, was
under my care from _____, 20_____, to _____, 20_____, inclusive and during that period
was wholly incapacitated for official duty. This certification is given with the full knowledge of the fact that will be used for
executive action.

Signature of Physician

Date

IMPORTANT: Applications for sick leave must be transmitted immediately, and in no case later than two days after return to duty. If a physician was not employed, the reason for absence must be stated in the "remarks" section of this form. Applications for leave must be submitted and authorized in advance except in case of emergency when leave could not be anticipated. In case of an absence of more than three (3) working days, a physician's certificate maybe required when requested.